



Employee Name:	Employee ID:	Date:	
(please print)		Site/Hospital:	
Using this checklist			
This checklist outlines what you must be a Glucose Meter training for the first time. supervisor/educator, or to refresh your k	It can also be used to perform har	nave completed Island Health's <i>Nova Xpres</i> nds-on training with your nursing	SS [®]
Please give this checklist to your nursing	supervisor/educator and demonst	trate your competency with the device.	
Demonstrate your competen	су		
Tasks			✓
Preliminiary actions			
Locate the applicable policies, procedure	s and performance support resou	rces.	
Locate the supplies (test strips, QC solution	on). Explain the storage requirem	nents and expiry dates	
Explain when quality control checks on te	est devices are required.		
Explain the importance of documenting r	esults immediately, to prevent er	rors.	

Test Strips

Do NOT:

no code key

Highlight differences from current meter 6-sec analysis time 1.2 μL sample volume

under-dose- count down will not begin

expected QC ranges from control material, not strips

re-dose (add more blood/control)- result will be inaccurate

battery, 3 volt lithium battery, Position of battery compartment

Do: Date strip vial when opened with open date and 180-day discard date

Do: Keep vial closed; affected by heat, humidity

Demonstrate use of meter

Keep strip port DRY- to prevent blood/control from dripping into port:

hold meter with inserted strip pointed down when applying blood/control

Position of strip port- - insert strip at top of meter with blue side up and gold toward meter

keep meter horizontal after application

Apply sample or QC until countdown starts

Performing a Quality Control (QC) test	
Perform hand hygiene and wear clean gloves.	
Run Quality Control Test	П

Owner: POCT





Facility and Unit:	
Signature: Date:	
Name: (please print) LearningHub course completed	
Nursing supervisor/Educator: The employee has fulfilled the education and competency requirements and is certified to use the Nova Xp glucose meter.	ress®
Signature: Date:	_
Employee: I understand all the above items and I will follow applicable procedures.	
Alert! You and your nursing supervisor/educator will sign the completed checklist. Your signed Competency Checklist will be stored in your program area.	/
Completion	
Demonstrate basic troubleshooting: Locates troubleshooting resources. Describes battery life and how to change a battery. Set date/time	
Demonstrate proper meter handling, cleaning and disinfection techniques.	
Discard used testing materials according to appropriate Island Health policies and procedures.	
Reference (normal) ranges, critical ranges, and reportable range Repeat critical results and describes Critical Result reporting.	
Read and interpret results correctly:	
Importance of clean/dry patient finger. Wipe away first drop of blood following capillary puncture	
Identify patient using 2 patient identifiers	
Run Simulated Patient Test	
Performing a patient test	
How to follow-up on failed QC (corrective action documented on QC log)	
Keep meter on counter	
Mix vial and expel first drop	
Results display in mmol/L	
Date QC vials when opened with 90-day discard date	

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